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SIGNAL TELCOM PARTNERS

Deceived & Inspected
OCT 18 2013

FCC Mail Room

**DELIVERED OVERNIGHT VIA FEDEX** 

2543 S. 361<sup>st</sup> West Ave Mannford, OK 74044 (918) 865-2039

REDACTED FOR PUBLIC INSPECTION

October 17, 2013

Marlene H. Dortch, Secretary Federal Communication Commission Office of the Secretary 9300 East Hampton Drive Capitol Heights, MD 20743

RE:

Connect America Fund, WC Dkt. No. 10-90;

Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Dear Ms. Dortch:

S&A Telephone Company ("Company") hereby files its FCC Form 481 Carrier Annual Reporting and certification as required by Sections 54.313 and 54.422 of the Commission's rules in accordance with the guidance of the Public Notice issued August 6, 2013 (DA 13-1707). A copy of this report has also been filed with the Universal Service Administrative Company and state public service commission.

Portions of this filing are being made confidentially in accordance with the Federal Communications Commission's *Third Protective Order* <sup>1</sup> in this docket. Specifically, the Company requests confidential treatment of the financial statements. This information is competitively sensitive and is not normally released to the public; release of such sensitive data could give the Company's competitors an advantage in its markets.

Specifically, this filing submission includes one copy of the Confidential Document and two copies of the Confidential Document in Redacted Form with the cover letter. Company has also filed a redacted version through the FCC's e-filing system. Please feel free to contact me at (918) 865-2039 or email at <a href="mailto:tmoss@signal-telcom.com">tmoss@signal-telcom.com</a> with any further questions.

Sincerely,

Director of Settlements

C: Charles Tyler, FCC, Telecommunications Access Policy Division (two confidential copies)

/tjm Enclosures

No. of Copies resid O+L

<sup>&</sup>lt;sup>1</sup> In re: Developing a Unified Intercarrier Compensation Regime; Establishing Just and Reasonable Rates for Local Exchange Carriers; Connect America Fund; High-Cost Universal Service Support; A National Broadband Plan for Our Future, CC Dkt. Nos. 07-135, 10-90, 05-337, GN Dkt. No. 09-51, *Third Protective Order* DA 10-1749 (rel. August 30, 2012).

|                | FEDERAL C  | OMMUNICATIO                                      | INS COMMISSION.  |  |
|----------------|--|--|--|--|
|                | 1481 - Carrier Annual Reporting<br>ection Form   |  | FCC Form 481<br>OMB Control No. 300<br>July 2013                 | io-e986/CMB Control No. 3060-0815            |
| <010> 9        | Study Area Code  | 1829   |  |  |
|                | s  | & A TEL CO INC                                   |  |  |
|                | Study Area Name  | 2014   |  | Received & Inspecte                          |
|                | Program Year   |  |  | OCT 18 2013                                  |
| <030>          | Contact Name: Person USAC should contact<br>with questions about this data                                   | Twyla Moss                                       |  |  |
| <035>          | Contact Telephone Number:<br>Number of the person identified in data line <030>                              | (918) 865-2039                                   |  | FCC Mail Room                                |
| <039>          | Contact Email Address:<br>Email of the person identified in data line <030>                                  | tmoss@signal-tel                                 | Lcom.com   |  |
| AMMIA          | L REPORTING FOR ALL CARRIERS   |  |  | 54.313 54.422 Completion Completion Required |
|                | Service Quality Improvement Reporting  |  | (complete attached worksheet)                                    | (check bax when complete)                    |
| 200-           | Out-on Reporting (voice)   |  | (complete attached worksheet)                                    | <b>/</b>                                     |
| <200><br><210> | Outage Reporting (voice) < check box if r  | no outages to repo                               |  |  |
| -200-          | Unfulfilled Service Requests (voice)   | 0  |  |  |
| <310>          | Detail on Attempts (voice)   |  | (attach descriptive document)                                    |  |
|                | Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)                                     |  | (attach descriptive document)                                    |  |
| <330>          |  |  |  |  |
| <400>          | Number of Complaints per 1,000 customers (voice)   | <del>)                                    </del> |  | <u> </u>                                     |
| <410><br><420> | Mobile   |  |  | 108881                                       |
| <430>          | Number of Complaints per 1,000 customers (broad  | tband)   |  |  |
| <440>          | Fixed  |  |  |  |
| <450>          | Mobile   |  |  |  |
| <500>          | Service Quality Standards & Consumer Protection  | Rules Compliance                                 | (check to indicate certification)                                | / /  |
| <510>          | 411829KS510  |  | (attached descriptive document)                                  | <u> </u>                                     |
| <600>          | the transfer of City and Company   |  | (check to indicate certification)                                |  |
| <610>          |  |  | (attached descriptive document)<br>(complete attached worksheet) | 111111                                       |
| <700>          | Company Price Offerings (voice)  |  | (complete attached worksheet)                                    |  |
| <710>          | Company Price Offerings (broadband)  |  | (complete attached worksheet)                                    |  |
|                | Operating Companies and Affiliates Tribal Land Offerings (Y/N)?  |  | (if yes, complete attached worksheet)                            |  |
| <9002<br>-1000 | > Voice Services Rate Comparability  |  | (check to indicate certification)                                |  |
| <1010          |  |  | (attach descriptive document)                                    |  |
|                | > Terrestrial Backhaul (Y/N)?  |  | (if not, check to indicate certification)                        |  |
| <1110          | >  |  | (complete attached worksheet)                                    |  |
| <1200          | > Terms and Condition for Lifeline Customers   |  | (complete attached worksheet)                                    |  |
|                | Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Carriers affiliated with P | al Documentation                                 | Worksheet<br>nange Carriers                                      |  |
| <2000          |  |  | (check to indicate certification)                                |  |
| <2005          |  |  | (complete attached worksheet)                                    |  |
|                | Rate of Return Carriers, Proceed to ROR Addition   | nal Documentation                                | Worksheet (check to indicate certification)                      |  |
| <3000          |  |  | (check to indicate certification) (complete attached worksheet)  |  |
| -2005          |  |  | (  |  |

<3005>

|       | rvice Quality Improvement Reporting<br>Rection Form   |                               | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013   |
|-------|---|-------------------------------|--|
| <010> | Study Area Code 411829  |                               |  |
| <015> | Study Area Name S & A TEI   | CO INC                        |  |
| <020> | Program Year 2014   |                               |  |
| <030> | Contact Name - Person USAC should contact regarding this data   | yla Moss                      |  |
| <035> | Contact relephone Number - Number of person furnities in data into  | (918) 865-2039                | and the second s |
| <039> | Contact Email Address - Email Address of person identified in data line <030>   | tmoss@signal-telcom.com       |  |
| <110> | Has your company received its ETC certification from the FCC?   | (yes / no ) O                 |  |
|       | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?   | (yes / no ) O O               |  |
| <111> | year plan Theu with the FCC:  | (,0,,0,0)                     |  |
| <112> | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your | romoany is a                  |  |
|       | CETC which only receives frozen support, your progress report is only   | ,                             |  |
|       | required to address voice telephony service.  |                               |  |
|       | Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.   | Name of Attach                | ed Document (.pdf)   |
| <113> | Maps detailing progress towards meeting plan targets  |                               |  |
| <114> | Report how much universal service (USF) support was received  |                               |  |
| <115> | How (USF) was used to improve service quality   |                               |  |
| <116> | How (USF)was used to improve service coverage   |                               |  |
| <117> | How (USF) was used to improve service capacity  | <del>  <u>  -   -  </u></del> |  |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.   | ЩШ                            |  |

Page 3

| (200) Sen | Ace Outage Reporting (Voice)   |                                | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|-----------|--|--------------------------------|---|
|           | ection Form  |                                | July 2013   |
|           |  |                                |   |
|           |  | 411829                         |   |
| <010>     | Study Area Code  |                                |   |
| <015>     | Study Area Name  | S & A TEL CO INC               |   |
|           |  | 2014                           |   |
| <020>     | Program Year   | Twyla Moss                     |   |
| <030>     | Contact Name - Person USAC should contact regarding this data          |                                |   |
| <035>     | Contact Telephone Number - Number of person identified in data line    | <030> (918) 865-2039           |   |
| <039>     | Contact Email Address - Email Address of person identified in data lin | e<030> tmoss@signal-telcom.com |   |

<220>

|   |                              |                  | <b2></b2>    | <b3></b3>    | <b4></b4>  | <c1></c1>  | <c2></c2>  | < <u>d&gt;</u>                           | <e></e>   | <del></del>   |                              |                            |
|---|------------------------------|------------------|--------------|--------------|--|--|--|--|---|---|------------------------------|----------------------------|
|   | <a>NORS Reference Number</a> | <br>outage Start | Outage Start |              | Outage End                                       | Number of<br>Customers Affected                  | Total Number of<br>Customers                     | 911 Facilities<br>Affected<br>(Yes / No) | Service Outage<br>Description (Check<br>all that apply) | Did This Outage<br>Affect Multiple<br>Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
| ŀ |                              |                  |              |              |  |  |  | · · · · · · · · · · · · · · · · · · ·    |   |   |                              |                            |
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|   |                              |                  |              |              |  |  |  |  | <del> </del>  |   |                              |                            |
|   |                              |                  |              |              |  | <u> </u>   | See attache                                      | <del>d</del>                             | <del> </del>  |   |                              |                            |
|   |                              |                  |              | ļ            |  |  | rksheet  |  |   |   |                              |                            |
|   |                              |                  | ļ            |              |  |  |  |  |   |   |                              | <u> </u>                   |
|   |                              | <del> </del> -   | <del> </del> | <del> </del> |  |  |  |  | <u> </u>  |   |                              |                            |
|   |                              | <b>—</b>         |              |              |  |  | <u> </u>   |  | <del></del>   |   |                              |                            |
|   |                              |                  |              |              | <u> </u>   |  | <del> </del>                                     | <del> </del>                             |   |   |                              |                            |
|   |                              | <u> </u>         | <b> </b>     | <del> </del> | <del> </del>                                     | <del> </del>                                     | ļ — — · · · ·                                    |  |   |   |                              |                            |
|   |                              | <del> </del>     | <del> </del> | +            | <del>                                     </del> | <del>                                     </del> |  |  |   |   |                              | ļ                          |
|   | <b> </b>                     | <del> </del>     | 1            | † <u>-</u>   |  |  |  | <u> </u>                                 |   |   |                              |                            |
|   |                              |                  |              |              |  |  | <u> </u>   |  | <del> </del>  | <u> </u>  |                              |                            |
|   |                              |                  |              |              | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                             | +   | <u> </u>  |                              |                            |
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| 23/200 350.40  | e Offerings inc<br>lection Form | duding Voice Rate Da                                 | <b>sta</b>        |                      |                                   |                              | ON                          | C Form 481<br>AB Control No. 3060-0386/OM<br>by 2013 | 8 Control No. 3060-0819      |
|----------------|---------------------------------|--|-------------------|----------------------|-----------------------------------|------------------------------|-----------------------------|--|------------------------------|
| <010>          | Study Area Co                   | de   |                   |                      | 411829                            |                              |                             |  |                              |
| <015>          | Study Area Na                   | me   |                   |                      | S & A TEL                         | CO INC                       |                             |  |                              |
| <020>          | Program Year                    |  |                   |                      | 2014                              |                              |                             |  | <del></del>                  |
| <030>          | Contact Name                    | - Person USAC should                                 | contact regardin  | g this data          | Twyla Moss                        |                              |                             |  |                              |
| <035>          | Contact Telepi                  | hone Number - Numbe                                  | er of person iden | tified in data line  | <b>&lt;030&gt;</b> (918) 865-2    |                              |                             |  |                              |
| <039>          | Contact Email                   | Address - Email Addres                               | ss of person iden | itified in data line | <030> tmoss@signal                | -telcom.com                  |                             |  |                              |
| <701><br><702> |                                 | ocal Service Charge Effe<br>vide Residential Local S |                   | 1/3                  | 1/2013                            |                              |                             |  |                              |
| <703>          | ca1>                            | <b>92&gt;</b>  | <b>&lt;23&gt;</b> | <b1></b1>            | <b>462&gt;</b>                    | 403>                         | 44>                         | <bs></bs> <bs></bs> Mandatory Extended Area          | <b>9</b>                     |
|                | State                           | Exchange (ILEC)                                      | SAC (CETC)        | Rate Type            | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge                                       | Total per line Rates and Fee |
|                |                                 | †  |                   |                      | 1                                 | 1                            | 1                           |  | 1                            |

| <a1><br/>State</a1> | <a2><br/>Exchange (ILEC)</a2> | <a3> SAC (CETC)</a3>                             | <b1><b1><br/>Rate Type</b1></b1> | Residential Local<br>Service Rate              | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fe |
|---------------------|-------------------------------|--|----------------------------------|--|------------------------------|-----------------------------|---|-----------------------------|
| State               | Excitating (Factor)           |  |                                  |  |                              |                             |   | ļ                           |
|                     |                               |  |                                  |  |                              |                             |   |                             |
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|                     |                               | †  |                                  |  |                              |                             |   | <u> </u>                    |
|                     | <u> </u>                      | <b>†</b> †                                       |                                  |  |                              |                             |   |                             |
|                     |                               |  |                                  | - See at                                       | tached worksheet             |                             |   |                             |
|                     |                               | <del>                                     </del> |                                  |  |                              |                             |   |                             |
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|                     | <del> </del>                  | -  |                                  |  | <b>_</b>                     |                             |   |                             |
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|                     |                               | <b>-</b>   |                                  | <del> </del>                                   | <del> </del>                 |                             |   |                             |

| E505040-2-566 | adhand Price Offerings<br>ecison Form                                      |                   | PCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------------|--|-------------------|--|
| <010>         | Study Area Code  | 411929            |  |
| <015>         | Study Area Name  | S & A TEL CO INC  |  |
| <020>         | Program Year   | 2014              |  |
| <030>         | Contact Name - Person USAC should contact regarding this data              | Twyla Moss        |  |
|               | Contact Telephone Number - Number of person identified in data line <03    | O> (918) 865-2039 |  |
| <039>         | Contact Email Address - Email Address of person identified in data line <0 |                   |  |

|   | خلاف                                  | <b>92</b> >                            | <b1></b1>        | 42>                     | <∞                  | <41>  | <d2></d2>                                  | <d3></d3>               | <445   |
|---|---------------------------------------|--|------------------|-------------------------|---------------------|---|--|-------------------------|--|
|   | State                                 | Exchange (REC)                         | Residential Rate | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached (select) |
| ŀ |                                       |  |                  |                         |                     |   |  |                         |  |
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| ŀ |                                       |  |                  |                         |                     |   |  |                         |  |
| ŀ |                                       |  | - Se             | e attached              |                     |   |  |                         |  |
| ŀ |                                       |  | work             | sheet -                 |                     |   |  |                         |  |
| ŀ |                                       |  |                  |                         |                     |   |  |                         |  |
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| - |                                       |  |                  |                         |                     |   |  |                         |  |

|          | erating Companies       |  |                                 |   | FCC Ferm 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819  |
|----------|-------------------------|--|---------------------------------|---|--|
| vata COL | lection Form            |  |                                 | File Carlo Spirit   | july 2013  |
|          |                         |  | 411829                          |   |  |
| <010>    | Study Area Code         |  |                                 |   |  |
| <015>    | Study Area Name         |  | S & A TEL CO INC                |   | The state of the s |
| <020>    | Program Year            |  | 2014                            |   |  |
| <030>    | Contact Name - Person   | USAC should contact regarding this data  | Twyla Moss<br>20 (918) 865-2039 |   |  |
| <035>    | Contact Telephone Nun   | nber - Number of person identified in data line <0<br>Email Address of person identified in data line <0 | 30> teonemeirmal-t              | e)com com   |  |
| <039>    | Contact Email Address - | Email Address of person identified in data line <  | )30> Chioeses13101 C            |   |  |
| <810>    | Reporting Carrier       | S&A Telephone Co.  |                                 |   |  |
| <811>    | Holding Company         | American Broadband Acquisition Co.   |                                 |   |  |
| <812>    | Operating Company       |  |                                 |   |  |
|          |                         |  |                                 | to the language of the field will be the constant of the terms. |  |
| <813>    |                         | <b>GI</b> V  |                                 | 92>   | 93   |
|          |                         | Affiliates   |                                 | SAC   | Doing Business As Company or Brand Designation   |
|          |                         |  |                                 |   |  |
|          |                         |  |                                 |   |  |
|          |                         |  |                                 |   |  |
|          |                         |  | - See a                         | ttached works   | heet   |
|          |                         |  |                                 |   |  |
|          |                         |  |                                 |   |  |
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|          |                         |  |                                 |   |  |

|                         | bal Lands Reporting<br>lection Form  |                           |                        | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------------------------|--|---------------------------|------------------------|--|
| <010>                   | Study Area Code  | 411829                    |                        |  |
| <015>                   | Study Area Name  | S & A TEL C               | O INC                  |  |
| <020>                   | Program Year   | 2014                      |                        |  |
| <030>                   | Contact Name - Person USAC should contact regarding this data  | Twyla Moss                |                        |  |
| <035>                   | Contact Telephone Number - Number of person identified in data lin   |                           | 865-2039               |  |
| <039>                   | Contact Email Address - Email Address of person identified in data lin   | e <030> tmos              | ssesiqual-telcom.com   |  |
| <910>                   | Tribal Land(s) on which ETC Serves   |                           |                        |  |
|                         |  |                           |                        |  |
|                         |  |                           |                        |  |
| <920>                   | Tribal Government Engagement Obligation  |                           | Name of Attached Docum | ent (.pdf)   |
|                         | If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: |                           |                        |  |
|                         |  | Select<br>(Yes,No,<br>NA) |                        |  |
| <921>                   | Needs assessment and deployment planning with a focus on Tribal<br>community anchor institutions;  | 11111                     |                        |  |
| <922>                   | Feasibility and sustainability planning;   |                           | 7                      |  |
| <923>                   | Marketing services in a culturally sensitive manner;   |                           | 1                      |  |
| <924>                   | Compliance with Rights of way processes  |                           | †                      |  |
| <925>                   | Compliance with Land Use permitting requirements   |                           | 1                      |  |
| <926>                   | Compliance with Facilities Siting rules  |                           | 1                      |  |
|                         | Compliance with Facilities storig rules  Compliance with Environmental Review processes  |                           | -                      |  |
|                         | compliance and changing inches processes   | <u> </u>                  | 4                      |  |
| <927>                   | Compliance with Cultural Processation review processes   | 1                         |                        |  |
| <927><br><928><br><929> | Compliance with Cultural Preservation review processes  Compliance with Tribal Business and Licensing requirements.  |                           | -                      |  |

|                | Terrestrial Backhaul Reporting sction Form   |                         | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |
|----------------|--|-------------------------|--|--|--|
| -040-          | Study Area Code  | 411829                  |  |  |  |
| <010>          | Study Area Name  | S & A TEL CO INC        |  |  |  |
| <015>          | Program Year   | 2014                    |  |  |  |
| <020>          | Contact Name - Person USAC should contact regarding this data  | Twyla Moss              |  |  |  |
| <030>          | Contact Telephone Number - Number of person identified in data line <030>  | (918) 865-2039          |  |  |  |
| <035><br><039> | Contact Email Address - Email Address of person identified in data line <030>  | tmoss@signal-telcom.com |  |  |  |
| <1120>         | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)   |                         |  |  |  |
| <1130>         | Please check this box to confirm the reporting carrier offers hroadband service of at least 1 Mbps downstream and 256 kbps |                         |  |  |  |
|                | upstream within the supported area pursuant to § 54.313(G)   |                         |  |  |  |
|                |  |                         |  |  |  |
|                |  |                         |  |  |  |
|                |  |                         |  |  |  |
|                |  |                         |  |  |  |

| ifeline | rms and Condition for Lifeline Customers   |          | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |
|---------|--|----------|--|--|--|
|         |  | 4        | 11829  |  |  |
| <010>   | Study Area Code  |          | & A TEL CO INC   |  |  |
| <015>   | Study Area Name  |          | 2014   |  |  |
| <020>   | Program Year   |          | Twyla Moss   |  |  |
| <030>   | Contact Name - Person USAC should contact regarding this data  |          | (918) 865-2039   |  |  |
| <035>   | Contact Telephone Number - Number of person identified in data lin   | ne <030> | tmoss@signal-telcom.com  |  |  |
| <039>   | Contact Email Address - Email Address of person identified in data li  | ne <03U> | Linus seol gual - CCI Control  |  |  |
| <1210>  | Terms & Conditions of Voice Telephony Lifeline Plans   | Na       | ame of attached document (.pdf)  |  |  |
| <1220>  | Link to Public Website   | нттр     | new.satelephone.com  |  |  |
|         | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: |          |  |  |  |
| <1221>  | Information describing the terms and conditions of any voice<br>telephony service plans offered to Lifeline subscribers,   |          |  |  |  |
| <1222>  | Details on the number of minutes provided as part of the plan,   | 1        |  |  |  |
| <1223>  | Additional charges for toll calls, and rates for each such plan.   |          |  |  |  |
|         |  |          |  |  |  |
|         |  |          |  |  |  |
|         |  |          |  |  |  |

|                  | ce Cap Carrier Additional Documentation   |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|------------------|---|---|---|
| Data Colle       | ection Form   |   | July 2013   |
| Includina i      | Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers   |   |   |
| -                |   |   |   |
| -010             | Shudu Area Code   | 411829  |   |
|                  | Study Area Name S   | S & A TEL CO INC  |   |
| <020>            | Program Year 2  | 2014  |   |
| -020-            | Contact Name - Person LISAC should contact regarding this data T  | Twyla Moss  |   |
| -025>            | Contact Telephone Number - Number of person identified in data line <0.50>  | (918) 865-2039  |   |
| <039>            | Contact Email Address - Email Address of person identified in data line <030>   | > tmoss@signal-telcom.com   |   |
| CHECK th         | we boxes below to note compliance as a recipient of incremental Connect Am support as set forth in 47 CFR § 54.313(b),(c),(d, | nerica Phase I support, frozen High Cost support, High Cost support to offset as<br>(),(e) the information reported on this form and in the documents attached be | elow is accurate.   |
|                  | Incremental Connect America Phase I reporting   |   |   |
| <2010>           | 2nd Year Certification (47 CFR § 54.313(b)(1))  |   |   |
| <2011>           | 3rd Year Certification (47 CFR § 54.313(b)(2))  |   |   |
|                  | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)  | N   |   |
| <2012>           |   |   | <del>  -  </del>  |
| <2012><br><2013> |   |   | <del>[ ]</del>  |
| <2013><br><2014> | 2015 Frozen Support Certification   |   | <del>-</del>  |
| <2014><br><2015> | Consideration   |   |   |
| <2016>           | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  |   |   |
|                  | Connect America Phase II Reporting (47 CFR § 54.313(e))   |   | <del></del>   |
| <2017>           |   |   | <del>   </del>  |
| <2017>           | H I Completion  |   |   |
| <2018>           | Interim Progress Certification  |   |   |
| <2020>           | please check the box to confirm that the attached PDF , on line 202:  | 71,   |   |
| -520             | contains the required information pursuant to § 54.313 (e)(3)(ii), as   | s a recipient   |   |
|                  | of CAE phase it support shall provide the number, names, and address  | resses of   |   |
|                  | community anchor institutions to which began providing access to t  | CROSCOR   |   |
|                  | service in the preceding calendar year.   | Name of Attached Document Listing Required Information  |   |
| <2021            | Committee Anchor Institutions   | Hame of Muddice positive same, make as  | <del></del> -   |
|                  |   |   |   |

#### Page 11

### CONFIDENTIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.

| (3000) Rai        | e Of Return Carrier Additional Documentation   |  | FCC Form 481<br>OMB Control No. 3050-0986/OMB Control No. 3050-0819           |
|-------------------|--|--|---|
| Date Colle        | ction Form   |  | July 2013   |
|                   |  |  | 307 204   |
| _                 | 411829   |  |   |
|                   | Study Area Code  | L CO INC   |   |
|                   | Study Area Name         5 & A 15           Program Year         2014   |  |   |
| <030>             | Contact Name - Person USAC should contact regarding this data TW   | yla Moss   |   |
| <035>             | Contact Telephone Number - Number of person identified in data line <030>  | (918) 865-2039   |   |
|                   | Contact Email Address - Email Address of person identified in data line <030>  | tmoss@signal-telcom.com  |   |
| ACCOMODINATION CO |  |  |   |
| CHECK th          | to the territory and according to the flow ways comics condition for fourter   | ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring of<br>the information reported on this form and in the documents attach  | XIMPERIOR MICH (III) INCHES SELECTION (Charles) (Charles) (Charles) (Charles) |
|                   | Progress Report on 5 Year Plan   |  |   |
|                   |  | Name of Attached Document Listing Required Information   |   |
| (3010)            | Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,                       | Note: Or Manual State of the St |   |
|                   |  |  |   |
| (3011)            | contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and |  |   |
| (2011)            | addresses of community anchor institutions to which began providing  |  |   |
|                   | access to broadband service in the preceding calendar year.  |  |   |
|                   |  | to the state of the season blother Property Information  |   |
|                   | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))  | Name of Attached Document Listing Required Information   | ✓ (Yes/No)  |
| (3013)            | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))   |  | (Yes/No)  |
| (3014)            | If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017,                  |  | —   |
|                   | contains the required information pursuant to § 54.313(f)(2) compliance  |  |   |
|                   | requires:  |  |   |
| (3015)            | Electronic copy of their annual RUS reports (Operating Report for  |  |   |
| (3013)            | Telecommunications Borrowers)  |  |   |
| (3016)            | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  |   |
| (3017)            | If the response is yes on line 3014, attach your company's RUS annual  | The state of the s |   |
|                   | report and all required documentation  | Name of Attached Document Listing Required Information   | ✓ (Yes/No)  |
| (3018)            | If the response is no on line 3014, is your company audited?   |  |   |
|                   | If the response is yes on line 3018, please check the boxes below to   |  |   |
|                   | confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains   |  |   |
|                   | : Either a copy of their audited financial statement; or (2) a financial report  |  | [7]   |
| (3019)            | in a format comparable to RUS Operating Report for Telecommunications  |  |   |
|                   | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  |   |
| (3020)            |  |  |   |
| (3021)            | Management letter issued by the independent certified public accountant  |  |   |
| (5522)            | that performed the company's financial audit.  |  |   |
|                   | If the response is no on line 3018, please check the boxes below   |  |   |
|                   | to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),   |  |   |
|                   | contains:<br>Copy of their financial statement which has been subject to review by an  |  |   |
|                   | independent certified public accountant; or 2) a financial report in a   |  |   |
| (3022)            | format comparable to RUS Operating Report for Telecommunications   |  |   |
|                   | Borrowers,   |  |   |
| (3023)            | Underlying information subjected to a review by an Independent certified   |  |   |
|                   | public accountant  |  |   |
| (3024)            |  |  |   |
| (3025)            | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  | 411829KS3026  |
| (3026)            | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information   |   |
| ,                 |  |  |   |

Page 12

|       | ion - Reporting Carrier<br>ection Form |  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|--|--|--|
| <010> | Study Area Code                        | 411829   |  |
|       | Study Area Name                        | S & A TEL CO INC   |  |
| <020> | Program Year                           | 2014   |  |
| <030> | Contact Name - Person                  | USAC should contact regarding this data Twyla Moss                         |  |
| <035> | Contact Telephone Nur                  | nber - Number of person identified in data line <030> (918) 865-2039       |  |
| <039> | Contact Email Address                  | Email Address of person identified in data line <030> tmoss@signal-telcom. | COR  |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|  | o the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients   |
|--|---|
| certify that I am an officer of the reporting carrier; my re<br>ecipients; and, to the best of my knowledge, the informa | sponsibilities include ensuring the accuracy of the annual reporting requirements for universal service support<br>tion reported on this form and in any attachments is accurate.         |
| Name of Reporting Carrier:   |   |
| signature of Authorized Officer:   | Date  |
| Printed name of Authorized Officer:  |   |
| Title or position of Authorized Officer:   |   |
| Felephone number of Authorized Officer:  |   |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form:  |
| Persons willfully making false statements on this form   | can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

| Certificat<br>Data Coll | ion - Agent / Carrier<br>action Form | FCC Form 481.<br>GMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------------------------|--------------------------------------|---|
| -010-                   | Study Area Code                      | 411829  |
|                         | Study Area Name                      | S & A TEL CO INC  |
| <020>                   | Program Year                         | 2014  |
| <030>                   | Contact Name - Person US             | C should contact regarding this data Twyla Moss                                   |
| <035>                   | Contact Telephone Numbe              | r - Number of person identified in data line <030> (918) 865-2005                 |
| <039>                   | Contact Email Address - En           | nail Address of person identified in data line <030> tmoss@signal-telcom.com      |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

|  | File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier.                          |
|--|---|
| certify that (Name of Agent) <u>lanet M. Bathurst</u> .<br>ilso certify that I am an officer of the reporting carrier; my responsibilities inc<br>gent; and, to the best of my knowledge, the reports and data provided to the | hude ensuring the accuracy of the annual data reporting requirements provided to  |
| lame of Authorized Agent: Janet M. Bathurst  |   |
| lame of Reporting Carrier: S & A TEL CO INC  | Date: 10/03/2013  |
| ignature of Authorized Officer: CERTIFIED ONLINE   |   |
| risted same of Authorized Officer: Janet Bathurst  |   |
| Title or position of Authorized Officer: General Manager & Vice Presiden   | ıt  |
| 620-528-3223   | 10/15/2013  |
| Study Area Code of Reporting Carrier: 411829   | Filing Due Date for this form: 10/15/2013 or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment the United States Code, 18 U.S.C. § 1001. |
|  | or forfeiture under the Continuations according to the United States Code, 18 U.S.C. § 1001.  |

| Certification of Agent Authorize   | ed to File Annual Reports for CAF or l   | .I Recipients on Behalf of Reporting  | Carrier                         |
|--|--|---|---------------------------------|
| as agent for the reporting carrier, certify that I am authorized to so<br>the data reported herein based on data provided by the reporting c | ubmit the annual reports for universal servi<br>arrier; and, to the best of my knowledge, th | ce support recipients on behalf of the repo<br>e information reported herein is accurate. | orting carrier; I have provided |
| ame of Reporting Carrier: S & A TEL CO INC   |  |   |                                 |
| ame of Authorized Agent or Employee of Agent: Twyla Moss   |  | Date:   | 10/03/2013                      |
| gnature of Authorized Agent or Employee of Agent: CERTIFIE   | D ONLINE   |   |                                 |
| rinted name of Authorized Agent or Employee of Agent: Twyla  |  |   |                                 |
| itle or position of Authorized Agent or Employee of Agent Direc  | tor of Settlements   |   |                                 |
|  | .8) 865-2039   |   |                                 |
| elephone number of Authorized Agent or Employee of Agent: (91  | Filing Due Date for this form:   | 10/15/2013  |                                 |

Attachments

| (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | erating Companies<br>ection Form  | au leg         |              | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819    |
|--|---|----------------|--------------|--|
|  |   |                |              | July 2013  |
|  | 4118  | 29             |              |  |
| <010>                                      | Study Area Code   |                |              |  |
| <015>                                      | Study Area Name   | A TEL CO INC   |              |  |
| <020>                                      | Program Year 2014   | la Moss        |              |  |
| <030>                                      | Contact Name - Person USAC should contact regarding this date                 | (918) 865-2039 | )            |  |
| <035>                                      | Contact Telephone Number - Number of person identified in data line Coso>     | tmoss@sigmal-t |              |  |
| <039>                                      | Contact Email Address - Email Address of person identified in data line <030> | Calobbastana   |              |  |
|  | Saa Telephone Co.   |                |              |  |
| <810>                                      | Reporting Carrier  American Broadband Acquisition Co.                         |                |              |  |
| <811>                                      | Holding Company   |                |              |  |
| <812>                                      | Operating Company   |                |              |  |
|  | ab  |                | <b>(22)</b>  | <b>63</b>  |
| <813>                                      |   |                | SAC          | Doing Business As Company or Brand Designation                         |
|  | Affiliates  |                |              | affiliate of S&A Telephone providing broadband communications services |
|  | S&A Communications  |                |              | attitiate of Sex Telephone providing                                   |
|  |   |                |              |  |
|  |   |                |              |  |
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411829 - S&A Telephone Company FCC Form 481 - Line 510 Program Year - 2014 Received & Inspected

BCT 18 2013

FCC Mall Room

Service Quality Standards and Consumer Protection Compliance Explanation Document:

S&A Telephone Company is in compliance with all Federal and State service quality standards and consumer protection rules.

The Kansas Corporation Commission has defined standards for service quality in Docket #95-GIMT-047-GIT for incumbent local exchange carriers. S&A Telephone Company is in compliance with these rules. The company has systems in place for customers with regard to service trouble reporting, billing issue questions and complaints, service offerings information, after hours service problem reporting and other customer issues resolution. S&A Telephone complies with the Billing Standards requirements adopted in Kansas Corporation Commission Docket #06-GIMT-187-GIT.

S&A Telephone Company submits quality standards reports electronically to the Kansas Corporation Commission on a quarterly basis.

S&A Telephone Company also complies with all applicable consumer protection rules including the implementation of customer data protection under the Federal Communications Commission's rules for Customer Proprietary Network Information.

411829-S&A Telephone Company FCC Form 481 – Line 610 Program Year – 2014 Received & Inspected

OCT 18 2013

FCC Mail Room

**Emergency Functionality Explanation Document:** 

The company maintains emergency backup power for the local distribution plant, central office and transmission facilities that keep the company functional during an emergency which deprives the company equipment of commercial electrical power.

The central office facility is powered with commercial electric power and battery banks that continue power to the office and transmission equipment for a period of 8 hours in the event of a power source outage. The central office is equipped with a natural gas and propane powered generator with unlimited fuel capacity to continue supplying power in the event of a power outage. The company can remain operational in the situation.

The company's customer distribution network transmission equipment, field cabinets and customer pedestal electronics have power backup that will provide 8 hours of service in the event of a commercial power outage. Backup generators provide additional power sources in the event of a long-lasting commercial power outage.

The company has additional route capacity and Emergency Stand Alone equipment to keep emergency service (911 service) available in the event of an emergency situation.

| 200, 110. 00 01,  | FEDE   | RAL COMMU               | NICATIONS                  | COMMISSION.  |                         | -                        |
|---|--|-------------------------|----------------------------|--|-------------------------|--------------------------|
| 05a) Operating Report for Privately Hold Rate of Return Cardens               |  |                         |                            |  | FCC Form 481            |                          |
| ence Sheet - Data Collection Form   |  |                         |                            |  | OMB Control No.         | 3060-0986                |
|   |  |                         | 3.                         |  | March 2013              |                          |
| e10f3   |  |                         |                            |  |                         |                          |
| D> Study Area Code  |  | 411829                  |                            |  |                         |                          |
| 5> Study Area Name  |  | S&A Telephone Co        | o                          |  |                         |                          |
| 0> Program Year   |  | 2014                    |                            |  |                         | o lasporte               |
| > Contact Name - Person USAC should contact regarding this data               |  | Twyła Moss              |                            |  | Received                | & Illaberio              |
| 5> Contact Telephone Number - Number of person identified in data line <0     | 130>   | (918) 865-2039          |                            |  |                         | 0 8010                   |
| > Contact Final Address - Email Address of person identified in data line     |  | tmoss@signal-tel        | com.com                    |  |                         | 0 7013                   |
| Contact Email Address - Ethan Address of person learning in date into         |  |                         |                            |  | П                       |                          |
| Filed as reviewed single company  |  |                         |                            | Filed as audited single company  | REDACTEL                | FOR PUBLIC               |
| Filed as reviewed consolidated company  |  |                         |                            | Filed as audited consolidated company<br>Filed as subsidairy of audited consolidated company |                         | ali Room                 |
| Filed as subsidiary of reviewed consolidated company                          | L  | į                       |                            | Literal as amparent of addition compared company   |                         |                          |
|   |  |                         | CERTIFICATION              |  |                         |                          |
| hereby certify that the entries in this report are in accordance with the acc | counts and other                                 | records of the system a | end reflect the status o   | f the system to the best of our knowledge and belief.  |                         |                          |
|   |  |                         |                            |  |                         | 1                        |
| Signature   |  | PAI                     | Date<br>T A. BALANCE SHEET |  |                         |                          |
|   |  |                         | BALANCE END OF             | LIABILTIES AND STOCKHOLDERS' EQUITY  | BALANCE PRIOR YEAR      | BALANCE END OF<br>PERIOD |
| ASSETS  | BALA   | NCE PRIOR YEAR          | PERIOD                     | CURRENT LIABILITIES  |                         | 1111111                  |
| ZTEZZA THERE  | 2,33,33  |                         |                            |  |                         |                          |
| Cash and Equivalents  |  |                         | <del> </del>               | 26. Notes Payable  |                         |                          |
| Cash-RUS Construction Fund  | 1000   | NAMES OF                | XXXXX                      | 27. Advance Billings and Payments  |                         | _                        |
| Affiliates:   | 7.6.4.0  |                         |                            | 28. Customer Deposits  |                         |                          |
| a. Telecom, Accounts Receivable   |  |                         |                            | 29. Current Mat. L/T Debt  |                         |                          |
| b. Other Accounts Receivable  | <del>                                     </del> |                         |                            | 30. Current Mat. L/T Debt-Rur. Dev.  |                         |                          |
| c. Notes Receivable   | 222  | 127277                  |                            | 61. Current MatCapital Leases  |                         |                          |
| Non-Affiliates:  a. Telecom, Accounts Receivable                              |  |                         |                            | 32. Income Taxes Accrued   |                         |                          |
| b. Other Accounts Receivable  | 1  |                         |                            | 33. Other Taxes Accrued  |                         |                          |
| c. Notes Receivable   |  |                         |                            | 34. Other Current Liabilities  |                         | <b></b>                  |
| Interest and Dividends Receivable   |  |                         |                            | 35. Total Current Uabilities (25 thru 34)  | TO. 10. 10. 10. 10. 10. |                          |
| Material-Regulated  |  |                         |                            | LONG-TERM DEST   | 1111111                 | 27777                    |
| Material-Nonregulated   |  |                         |                            | 36. Funded Debt-RUS Notes  |                         | <del> </del>             |
| Prepayments   |  |                         |                            | 87. Funded Debt-RTB Notes.   |                         |                          |
| Other Current Assets  |  |                         | ļ                          | 38. Funded Debt-FFB Notes  |                         |                          |
| Total Current Assets (1 Thru 9)   |  |                         |                            | 89. Funded Debt-Other  |                         | <del> </del>             |
|   |  |                         | MW.                        | 40. Funded Debt-Rural Develop. Loan  | _                       |                          |
| ONCURRENT ASSETS  |  |                         |                            | 11. Premium (Discount) on L/T Debt   |                         | -                        |
| Investment in Affiliated Companies  |  |                         | 2020                       | 42. Reacquired Debt  |                         |                          |
| a. Rural Development  |  |                         |                            | 43. Obligations Under Capital Lease  44. Adv. From Affiliated Companies                      |                         | -                        |
| b. Nonrural Development   |  |                         | 4444                       | 44. Adv. From Affiliated Companies  65. Other Long-Term Debt                                 |                         |                          |
| Other Investments   |  |                         |                            | 46. Total Long-Term Debt (36 thru 45)  |                         |                          |
| a. Rural Development  |  |                         | +                          | OTHER UAB. & DEF. CREDITS  | 1111111                 | 188888                   |
| b. Nonrural Development   |  |                         |                            | 37. Other Long-Term Liabilities  |                         |                          |
| Nonregulated investments  |  |                         | <u> </u>                   | 48. Other Deferred Credits   |                         |                          |
| Other Noncurrent Assets   |  |                         |                            | 49. Other Jurisdictional Differences   |                         |                          |
| Deferred Charges  | <del></del>                                      |                         |                            | SO. Total Other Liabilities and Deferred Credits (47 thru 4                                  | 9)                      |                          |
| iurisdictional Differences Total Noncurrent Assets (11 thru 16)               |  |                         |                            | EQUITY   |                         | 171111                   |
| TOTAL MANUAL CITE PASSED (AZ MINO AD)   | 1111   |                         | NAMES OF                   | 51. Cap. Stock Outstanding & Subscribed  |                         | <del></del>              |
| ANT, PROPERTY, AND EQUIPMENT  | 100  |                         | 1888                       | 52. Additional Paid-in-Capital   |                         |                          |
| Telecom, Plant-in-Service   |  |                         |                            | 53. Treasury Stock   |                         |                          |
| Property Held for Future Use  |  |                         |                            | 54. Membership and Cap. Certificates   |                         |                          |
| Plant Under Construction  |  |                         | -                          | 5. Other Capital   |                         |                          |
| Plant Adj., Nonop. Plant & Goodwill   |  |                         |                            | 56. Patronage Capital Credits  |                         | <del> </del>             |
| Less Accumulated Depreciation   |  |                         |                            | 57. Retained Earnings or Margins   |                         | <del> </del>             |
| Net Plant (18 thru 21 less 22)  |  |                         |                            | 58. Yotal Equity (51 thru 57)  | 10 10 10 10 10 10       |                          |
|   |  |                         |                            | 74   | 1 1 1 1 1 1 1 1 1       | 18888                    |

TOTAL ASSETS (10+17+23)

TOTAL LIABILITIES AND EQUITY (35+46+50+58)

(3005b) Operating Report for Privately-Held Rate of Return Carriers FCC Form 481
Income Statement - Data Collection Form OMB Control No. 3060-0986
Page 2 of 3. March 2013

| <010> Study Area Code   | 411829                  |
|---|-------------------------|
| <015> Study Area Name   | S&A Telephone Co.       |
| CO137 Study Alea Haine  |                         |
| <020> Program Year  | 2014                    |
| <030> Contact Name - Person USAC should contact regarding this data                 | Twyla Moss              |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | (918) 865-2039          |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmoss@signal-telcom.com |

| <035> Contact Telephone Number - Number of person identified in data line <030> (918) 865-2   |                |           |  |  |  |  |
|---|----------------|-----------|--|--|--|--|
| <039> Contact Email Address - Email Address of person identified in data line <030> tmoss@sig | nal-telcom.com |           |  |  |  |  |
| PART B. STATEMENTS OF INCOME AND RETAINED EARINGS OR MARGINS                                  |                |           |  |  |  |  |
| ITEM  | PRIOR YEAR     | THIS YEAR |  |  |  |  |
| Local Network Services Revenues   |                |           |  |  |  |  |
| 2. Network Access Services Revenues   |                |           |  |  |  |  |
| 3. Long Distance Network Services Revenues  |                |           |  |  |  |  |
| 4. Carrier Billing and Collection Revenues  |                | -         |  |  |  |  |
| 5. Miscelianeous Revenues   |                |           |  |  |  |  |
| 6. Uncollectible Revenues   |                |           |  |  |  |  |
| 7. Net Operating Revenues (1 thru 5 less 6)   |                |           |  |  |  |  |
| 8. Plant Specific Operations Expense  |                |           |  |  |  |  |
| Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)                  |                | <u> </u>  |  |  |  |  |
| 0. Depreciation Expense   |                |           |  |  |  |  |
| 1. Amortization Expense   |                |           |  |  |  |  |
| 2. Customer Operations Expense  |                |           |  |  |  |  |
| 3. Corporate Operations Expense   |                |           |  |  |  |  |
| 4. Total Operating Expenses (8 thru 13)   |                |           |  |  |  |  |
| 5. Operating Income or Margins (7 iess 14)  |                |           |  |  |  |  |
| 6. Other Operating Income and Expenses  |                |           |  |  |  |  |
| 7. State and Local Taxes  |                |           |  |  |  |  |
| 8. Federal Income Taxes   |                |           |  |  |  |  |
| 9. Other Taxes  |                |           |  |  |  |  |
| 0. Total Operating Taxes (17+18+19)   |                |           |  |  |  |  |
| Net Operating Income or Margins (15+16-20)  |                |           |  |  |  |  |
| 2. Interest on Funded Debt  |                |           |  |  |  |  |
| Interest Expense - Capital Leases   |                |           |  |  |  |  |
| 4. Other Interest Expense   |                |           |  |  |  |  |
| 5. Allowance for Funds Used During Construction   |                |           |  |  |  |  |
| 6. Total Fixed Charges (22+23+24-25)  |                |           |  |  |  |  |
| 7. Nonoperating Net Income  |                |           |  |  |  |  |
| 8. Extraordinary Items  |                |           |  |  |  |  |
| 9. Jurisdictional Differences   |                |           |  |  |  |  |
| Nonregulated Net Income   |                |           |  |  |  |  |
| 1. Total Net Income or margins (21+27+28+29+30-26)  |                |           |  |  |  |  |
| Total Taxes Based on Income   |                |           |  |  |  |  |
| Retained Earnings or Margins Beginning-of-Year  |                |           |  |  |  |  |
| Ketained carrings of Margins beginning-of-real     Miscellaneous Credits Year-to-Date         |                |           |  |  |  |  |
| Miscellaneous Credits Year-to-Dake     Dividends Declared (Common)                            |                |           |  |  |  |  |
| Dividends Declared (Common)     Dividends Declared (Preferred)                                |                |           |  |  |  |  |
| 7. Other Debits Year-to-Date  |                |           |  |  |  |  |
| 8. Transfers to Patronage Capital   |                |           |  |  |  |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                |           |  |  |  |  |
| •   |                |           |  |  |  |  |
|   |                | 1         |  |  |  |  |
|   |                |           |  |  |  |  |
|   |                | -         |  |  |  |  |
|   |                |           |  |  |  |  |
| 4. Annual Debt Service Payments   |                |           |  |  |  |  |
| 5. Cash Ratio [(14+20-10-11)/7]   |                |           |  |  |  |  |
| 6. Operating Accrual Ratio [(14+20+26)/7]   |                |           |  |  |  |  |
| 7. TIER [(31+26)/26]  |                |           |  |  |  |  |
| 8. DSCR [(31+26+10+11)/44]  |                |           |  |  |  |  |

REDACTED FOR PUBLIC INSPECTION

#### CONFIDENTIAL INFORMATION -

SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.

Page 3

| 1 EDELATE COMMUNICATION CONTINUES CO |
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| (3005c) Operating Report for Privately-Held Rate of Return Carriers FCC Form 481  Cash Flow - Data Collection Form OMB Control No. 3060-0986  Page 3 of 3 March 2013   |
| Page 3 of 3 March 2013   |

| <010> Study Area Code   | 411829                  |
|---|-------------------------|
| <015> Study Area Name   | S&A Telephone Co.       |
| <020> Program Year  | 2014                    |
| <030> Contact Name - Person USAC should contact regarding this data                 | Twyla Moss              |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | (918) 865-2039          |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tmoss@signal-telcom.com |

REDACTED FOR PUBLIC INSPECTION

| PART C. STATEMENTS OF CASH FLOWS   |  |
|--|--|
| 1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)  |  |
| CASH FLOWS FROM OPERATING ACTIVITIES   |  |
| 2. Net Income  |  |
| Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities   |  |
| 3. Add: Depreciation   |  |
| 4. Add: Amortization   |  |
| 5. Other (Explain) Cellular Partnership  |  |
| Changes in Operating Assets and Liabilities  |  |
| 6. Decrease/(Increase) in Accounts Receivable  |  |
| 7. Decrease/(Increase) in Materials and Inventory  |  |
| 8. Decrease/(Increase) in Prepayments and Deferred Charges   |  |
| 9. Decrease/(Increase) in Other Current Assets   |  |
| IO. Increase/(Decrease) in Accounts Payable  |  |
| 11. Increase/(Decrease) in Advance Billings & Payments   |  |
| 12. Increase/(Decrease) in Other Current Liabilities   |  |
| 3. Net Cash Provided/(Used) by Operations  |  |
| CASH FLOWS FROM FINANCING ACTIVITIES   |  |
| 4. Decrease/(Increase) in Notes Receivable   |  |
| L5. Increase/(Decrease) in Notes Payable   |  |
| 16. Increase/(Decrease) in Customer Deposits   |  |
| 17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)   |  |
| 18. Increase/(Decrease) in Other Liabilities & Deferred Credits  |  |
| <ol> <li>Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates &amp; Other Capital</li> </ol> |  |
| D. Less: Payment of Dividends  |  |
| 1. Less: Patronage Capital Credits Retired   |  |
| 2. Other (Explain)   |  |
| 3. Net Cash Provided/(Used) by Financing Activities  |  |
| CASH FLOWS FROM INVESTING ACTIVITIES   |  |
| 24 Net Capital Expenditures (Property, Plant & Equipment)  |  |
| 5. Other Long-Term Investments   |  |
| 6. Other Noncurrent Assets & Jurisdictional Differences  |  |
| 7. Other (Explain)   |  |
| 8. Net Cash Provided/(Used) by Investing Activities  |  |
| 9. Net Increase/(Decrease) in Cash   |  |
| 0. Ending Cash   |  |
|  |  |
|  |  |
|  |  |



To the Board of Directors American Broadband Acquisition Corp. New York, New York Received & Inspected
OCT 18 2013

#### Independent Auditor's Report

FCC Mail Room

We have audited the accompanying consolidated balance sheets of American Broadband Acquisition Corp. and Subsidiaries as of December 31, 2011 and 2010 and the related statements of operations, changes in stockholders' equity, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of American Broadband Acquisition Corp. and Subsidiaries as of December 31, 2011 and 2010, and the results of their operations and their cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Migh Houser & Company P.A.

**Certified Public Accountants** 

Overland Park, Kansas April 19, 2013



To the Board of Directors American Broadband Acquisition Corp. New York, New York Received & inspected

OCT 18 2013

**Independent Auditor's Report** 

FCC Mail Room

We have audited the accompanying consolidated balance sheets of American Broadband Acquisition Corp. and Subsidiaries as of December 31, 2012 and 2011 and the related consolidated statements of operations, changes in stockholders' equity, and cash flows for the years then ended and the related notes to the consolidated financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Basis for Qualified Opinion**

We were unable to obtain audited financial statements supporting the Company's investment in an affiliate stated at \$3,224,634 at December 31, 2012, or its equity in earnings of that affiliate of \$1,111,419, which is included in net income for the year then ended as described in Note 1 to the consolidated financial statements; nor were we able to satisfy ourselves as to the carrying value of the investment in the affiliate or the equity in its earnings by other auditing procedures.

Received & inspected

OCT 18 2013

FCC Mail Room

Independent Auditor's Report (continued)

**Qualified Opinion** 

In our opinion, except for the possible effects in the 2012 consolidated financial statements and the statements of operations, changes in stockholders' equity, and cash flows for the year ended December 31, 2012 of the matter described in the Basis for Qualified Opinion paragraph, the consolidated financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of American Broadband Acquisition Corp. and Subsidiaries as of December 31, 2012 and 2011, and the results of their operations and their cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Mije Hower & Company P.A.

**Certified Public Accountants** 

Overland Park, Kansas April 22, 2013